

PHOENIX EMA RYAN WHITE TITLE I HIV Health Services Planning Council

Needs Assessment of Hispanic Persons Living with HIV/AIDS in Maricopa and Pinal Counties, Arizona

2006 REPORT OF FINDINGS

Prepared by



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2006 Hispanic Needs Assessment

Phoenix EMA HIV Health Services Planning Council

September 2006

Executive Summary

The steadily growing Hispanic community within the Phoenix Title I EMA is reaching majority proportions in the local HIV epidemic. In fact, 47% of the newly reported cases of HIV and AIDS (from January to June, 2006) are among Hispanic persons. (MCDPH, 2006)

The HIV/AIDS epidemic is a serious threat to the Hispanic community. Hispanics represent 20.7% of all prevalent HIV/AIDS cases in Arizona, with the third highest case rate of 136.31, only after Whites and Black non-Hispanics in the state. In 2004, Hispanics of all races in Arizona were 28% of the state population, yet 31.4% of emergent HIV infection. The predominant behavior associated with emergent HIV infection continues to be men who have sex with men (MSM), followed by injection drug use (IDU). (CDC, June 2006).

Research on HIV and HIV testing practices has revealed that Hispanics are less likely to perform an HIV test than African Americans, are significantly less knowledgeable about the availability of antiretroviral therapy than White Americans, and delay seeking HIV testing and care more frequently than other ethnic groups. (MMWR 2001, *AIDS Patient Care* 2004, *AIDS*, 2001, *Arch Int Med* 2000) Because of continually increasing legal and illegal immigration of Hispanics into Arizona and owing to the known barriers to HIV prevention, testing and treatment among members of the Hispanic population, it is projected that the HIV epidemic among Hispanics residing in Arizona will only continue to increase.

The demographics of this special population reveal high levels of poverty, substantial unemployment, and great housing instability, (with 33% of the Hispanic “In Care” survey respondents reporting current or recent homelessness). Almost two-thirds of the Hispanic PLWHA (64% of the survey group) reported only some high school or grade school education.

The 2006 Hispanic “In Care” Needs Assessment surveyed 78 Hispanic PLWHA whose top 10 expressed needs for HIV-related services evidence a strong mix of essential and supportive services including: : 1) *Medication*, 2) *Primary Medical Care*, 3) *Transportation*, 4) *Group Support*, 5) *Food*, 6) *Housing*, 7) *Financial Assistance*, 8) *Education*, 9) *Dental services* and 10) *Social Support and Case management services* (tied # 10 rankings).

The Hispanic PLWHA respondents’ expressed service Gaps and Barriers evidence difficulty and/or perceived inability to access some of the most basic services including housing, food and transportation. Left unaddressed, these barriers to services will continue to create challenges in successfully facilitating the entry into and retention in HIV primary medical care for the growing numbers of Hispanic persons living with HIV/AIDS in the Phoenix Title I EMA.

2006 HISPANIC 'In Care' NEED, USE, GAP, & BARRIER MATRIX

Service Category Description	Need Rank	Use Rank	Gap Rank	Barrier Rank	Barrier Reasons	Gap Reasons
Medication	1	2	NR	6	Not enough money	
Primary medical Care	2	1	5	NR		Not enough funds
Transportation	3	3	1	1	Lack of insurance; no funding available	Government; hard to locate; no funding
Group support	4	4	NR	5	Not enough money	
Food	5	7	3	3	Not enough money; translation	No Social Security, not enough money
Housing	6	8	2	2	No funding/ Because the government will not give us Social Security	Government; hard to locate
Financial Assistance	7	7	4	5	No Social Security	No Social Security
Education	8	7	NR	NR		
Dental Care	9	5	4	4	Because the government will not give us Social Security; Income eligibility	
Social Support	10	8	NR	NR		
Case Management	10	NR	NR	NR		

Challenges the Special Population of Hispanic PLWHA Present to the Service Delivery System

Based upon the current needs assessment data and the Phoenix EMA experience, this special population requires providers to overcome existing barriers to testing/counseling and successful entry into, engagement with, and ongoing retention into HIV primary medical care. One strategy which may yield greater acceptance of HIV testing by members of this special population is the potential use of peer testers located in the EMA's primary care clinic settings, wherein currently enrolled Hispanic PLWHA's sexual and drug-using partners, spouses and friends may be routinely offered regular testing opportunities.

Special outreach strategies, utilizing peer outreach specialists, working within their own Latino communities should reduce the cultural and social barriers impeding more frequent acceptance of HIV testing. These same peer outreach specialists could extend their role to include peer mentoring activities, including the facilitation of entry into care and assistance with navigating the initial appointments, perhaps even providing transportation and translation services.

In order to successfully engage and retain Hispanic men and women in care, it is evident that Case Management providers will be challenged in helping these patients to secure the most basic needs for housing, food, and transportation services, by coordinating ALL available supportive services, funded through Ryan White Titles I, II, III, and IV, as well as by securing those supportive services available in the local communities but funded through other resources.

Ongoing social support and group support services should also strengthen Hispanic patients' engagement with and retention in primary care and treatment.

.Addressing the Service GAPS in the Continuum of Care for Hispanic PLWHA

The 2006 Hispanic "In Care" survey respondents ranked the following five services as "unavailable":

- 1) Transportation
- 2) Housing
- 3) Food
- 4) Financial Assistance
- 5) Dental services (tied #4)

Primary Medical Care Services, Clinic Services, Social Security/Insurance, Emergency Hospitalization, Family Support, Child Care and Nutrition services all received #5 Gap rankings, indicating some level of perceived unavailability of these services among a portion of the Hispanic "In Care" survey group.

As discussed above, the top five ranking service GAPS (with the exception of Dental Care services) all represent 'supportive' services, essential to stabilize lives and promote successful entry into and retention in care. Greater access to employment assistance and vocational rehabilitation programs, eligibility assistance programs and facilitation of the Social Security benefits process should reduce the expressed needs for emergency financial assistance. Addressing the gap in Dental Care services will be an important primary care-related goal.

The next highest ranking service GAPS identified by the Hispanic PLWHA respondent group reflect a combination of 'essential' and 'supportive' services, which require greater examination. Focus groups and satisfaction surveys could assist in clarifying the underlying reasons for the perceived Gaps in primary care/clinic services.

Examination of existing capacity for urgent care/after hours services availability may yield useful information to help explain the perceived Gap in emergency hospitalization services. Finally, the EMA can explore the current capacity among local Title IV service providers to meet the Family and Childcare-related service needs expressed by the Hispanic PLWHA.

Estimated Costs Associated with Delivering Services to Hispanic PLWHA

In addition to the average costs associated with the delivery of primary medical care services, the Special Population of Hispanic PLWHA evidence the need for expanded and/or innovative HIV outreach and testing/counseling programs (which may be coordinated with CDC funded providers); intensive Case Management services to ensure the ongoing acquisition of basic supportive service needs (food, housing, transportation); and increased engagement and retention strategies, inclusive of family/social and group support services and childcare services. Finally, expanded Dental Care services will necessarily require additional resources in order to meet the increasing oral health needs of Hispanic PLWHA.

Chapter 1: Introduction

Annual Needs Assessments are studies conducted to determine priority service needs and gaps in the continuum of care for People Living with HIV/AIDS (PLWHA). Results of this client-centered activity are used to establish service priorities, document the need for specific services, determine barriers to accessing care, provide baseline data for comprehensive planning including capacity building, and help providers improve the access to and quality of services delivered, especially to the designated ‘Severe Need Groups/Special Populations’. Hispanics are one of the six identified ‘Special Populations’ of critical concern to the Phoenix EMA HIV Services Planning Council.

A comprehensive assessment of the service needs of Hispanic persons living with HIV/AIDS (Hispanic PLWHA) and currently “In Care”¹ within the Phoenix EMA was conducted in Spring/Summer of 2006. This assessment of need included an “In Care” written survey questionnaire of Hispanic persons receiving Ryan White funded services utilizing the Needs Assessment Client Survey (NACS) tool.

Relevance of the Phoenix Title I EMA Hispanic Needs Assessment Study

In the U.S. Census 2000, people of Spanish/Hispanic/Latino origin could identify as Mexican, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino. The term “Latino” appeared on the census form for the first time in 2000 and the term now may be used interchangeably with Hispanic to reflect the new terminology in the OMB standards implemented in 2003. Across the nation, the Hispanic population has increased almost 60% from 1990 to 2000. Hispanics accounted for 24.3 percent of the population in the West, the only region in which Hispanics exceeded the national level of 12.5%. The largest Mexican populations were in Arizona, California, Illinois and Texas. The percent of Hispanics among the total population in Arizona increased from 18.8% in 1990 to 25.3% in 2000. Phoenix, Arizona is one of the ten places in the U.S. with the largest Hispanic populations (in which the majority are Mexican). In fact, Hispanics were the majority of the population in two counties in Arizona (U.S. Census Bureau, 2000) Arizona was the second fastest growing state in the nation in the 1990s, partially attributable to the expanding Hispanic community.

Arizona’s July 1, 2004 population reached 5.83 million, according to the latest estimates from the Arizona Department of Economic Security Population Statistics Unit. The Arizona population is expected to reach 11.17 million by 2050, a 118% increase of the state’s population from 5.13 million in 2000. Arizona’s population is predominantly White. White non-Hispanics comprise 62% of the State’s population. Hispanics make up 27% of the State’s population; non-Hispanic Blacks comprise 3.2% of the total population; Asian-Pacific Islander non-Hispanics make up 2.2% of the State’s total population; and, American Indian/Alaska Native non-Hispanics comprise 4.8% of the State’s population (2003). Arizona currently has 10,294 persons

¹ 1) **CD4 – CD4 (T4) or CD4 + CELL COUNT and PERCENT.**

2) **VIRAL LOAD TEST** - Test that measures the quantity of HIV RNA in the blood.

3) **ANTIRETROVIRAL DRUGS** - Substances used to interfere with replication or inhibit the multiplication of retroviruses such as HIV.

known to be living with HIV or AIDS (5/1/05, ADHS Integrated Epidemiologic Profile). A total of 17,987 confirmed cases of HIV or AIDS have been reported. The State as a whole has a known HIV disease prevalence rate of 184.5 per 100,000 persons. *Based on current prevalence estimates, at least one of every 542 persons in Arizona has HIV.* Maricopa County (Phoenix Metropolitan Area) makes up 60.7% of the State's population, and 68% of the prevalent cases of HIV/AIDS and 71.3% of the emergent cases of HIV/AIDS

Pinal County has the third highest number of prevalent cases (331) in the State, yielding an HIV/AIDS prevalence case rate of 162.14 per 100,000 persons. Pinal County's emergent case rate (15.38 per 100,000 persons) is the second highest in the State, having 145 emergent cases of HIV/AIDS reported from 1999 to 2003. (2005 Integrated Epidemiologic Profile, ADHS) The prison population makes a significant impact on the HIV epidemic in Pinal County. Prisoners make up 5.2% of the total population of Pinal County, yet comprise almost 30% of the County's prevalent cases (99 of 331 persons) and almost 60% of the emergent cases in Pinal County. (2005 ADHS)

The HIV/AIDS epidemic is a serious threat to the Hispanic community. Hispanics represent 20.7% of all prevalent HIV/AIDS cases in Arizona, with the third highest case rate of 136.31, only after Whites and Black non-Hispanics in the state. In 2004, Hispanics of all races in Arizona were 28% of the state population, yet 31.4% of emergent HIV infection. The predominant behavior associated with emergent HIV infection continues to be men who have sex with men (MSM), regardless of whether the individual identifies as Gay or Heterosexual, followed by injection drug use (IDU). (CDC, June 2006)

A number of cultural, socioeconomic and health-related factors contribute to the HIV epidemic in the Hispanic community. More than 1 in 5 Hispanics live in poverty. (U.S. Census Bureau, 2003) Other socioeconomic problems associated with poverty, including limited access to healthcare, lack of information about HIV prevention or treatment resources and social isolation all act together to increase the risk of exposure to HIV. (AJPH, 1999; JNMA, 2005)

Hispanic MSM frequently identify as heterosexual, and therefore do not respond to HIV prevention messages directed toward gay men. Hispanic women are most likely to be infected with HIV as a result of sex with men. (MMWR, 2000) Injection and non-injection drug use contributes to the spread of HIV among Hispanics. And, compared with Whites, Hispanics are twice as likely to have gonorrhea or syphilis and three times more likely to have chlamydial infection than Whites, known to increase the likelihood of HIV transmission (CDC, 2005)

Research on HIV and HIV testing practices has revealed that Hispanics are less likely to perform and HIV test than African Americans, are significantly less knowledgeable about the availability of antiretroviral therapy than White Americans, and delay seeking HIV testing and care more frequently than other ethnic groups. (MMWR 2001, *AIDS Patient Care* 2004, *AIDS*, 2001, *Arch Int Med* 2000) Because of continually increasing legal and illegal immigration of Hispanics into Arizona and owing to the known barriers to HIV prevention, testing and treatment among members of the Hispanic population, it is projected that the HIV epidemic among Hispanics residing in Arizona will only continue to increase. ***In fact, 47% of the newly diagnosed cases of HIV/AIDS in the Phoenix Title I EMA service area, from January through June of 2006, are among Hispanics.*** (MCDPH, 2006)

As evidenced in the tables on the following pages, Hispanics make up 21.8% of the prevalent HIV population in Maricopa and Pinal counties, and 28.6% of the emergent population in the Phoenix Title I service area. The emergent cases of HIV infection among Hispanics in the Phoenix EMA Title I service area have increased from 23.9% of the region's total emergent HIV/AIDS cases to 28.6% of the region's total cases of emergent HIV/AIDS from the 1993-1999 to the 2000-2004 reporting period.

Prevalence estimates the current population living with the HIV or AIDS infection.

Emergence measures the emerging disease pattern, or those persons newly diagnosed with the disease within the past four years. The emergent diagnosis is the earliest report of HIV infection for each person. Those first diagnosed as HIV would be emergent HIV cases, and those first diagnosed as AIDS would be emergent AIDS.

Prevalence and Emergence demographic statistics are presented in the tables on the following pages for the Phoenix EMA (inclusive of Maricopa and Pinal county HIV/AIDS statistics).

CENTRAL REGIONAL PLANNING GROUP COUNTIES (Maricopa and Pinal Counties)

2004 Population	% of State Population	% State HIV/AIDS Prevalence
3,715,360	64.7	71.9

CURRENT ESTIMATED PREVALENCE:

	Prevalent HIV			Prevalent HIV&AIDS		
	Cases	% Region Total	Rate Per 100,000	Cases	% Region Total	Rate Per 100,000
<u>By Gender</u>						
<i>Male</i>	3572	45.4	190.72	3261	41.5	174.12
<i>Female</i>	600	7.6	32.57	433	5.5	23.50
	4172	53.0	112.29	3694	47.0	99.43
<u>By Age</u>						
Under 2	3	0.0	2.42	0	0.0	0.00
2-12	28	0.4	4.43	6	0.1	0.95
13-19	27	0.3	7.46	10	0.1	2.76
20-24	137	1.7	51.33	29	0.4	10.87
25-29	313	4.0	110.00	132	1.7	46.39
30-34	481	6.1	163.85	318	4.0	108.33
35-39	777	9.9	288.27	639	8.1	237.07
40-44	952	12.1	347.95	945	12.0	345.39
45-49	671	8.5	274.59	711	9.0	290.96
50-54	384	4.9	182.67	464	5.9	220.72
55-59	210	2.7	113.47	243	3.1	131.30
60-64	94	1.2	63.27	117	1.5	78.75
65 and Above	81	1.0	19.22	80	1.0	18.98
Age Unknown	14	0.2	N/A	0	0.0	N/A
	4172	53.0	112.29	3694	47.0	99.43
<u>By Race / Ethnicity</u>						
White Non-Hispanic	2541	32.3	108.73	2278	29.0	97.48
Black Non-Hispanic	505	6.4	337.70	428	5.4	286.21
Hispanic	894	11.4	84.65	823	10.5	77.92
*A/PI/H Non-Hispanic	34	0.4	34.62	33	0.4	33.60
**AI/AN Non-Hispanic	123	1.6	164.88	124	1.6	166.22
***MR/O Non-Hispanic	75	1.0	N/A	8	0.1	N/A
	4172	53.0	112.29	3694	47.0	99.43
<u>By Mode of Transmission</u>						
+MSM	2444	31.1	N/A	2320	29.5	N/A
++IDU	481	6.1	N/A	480	6.1	N/A
MSM / IDU	289	3.7	N/A	391	5.0	N/A
Heterosexual	437	5.6	N/A	367	4.7	N/A
+++O/H/TF/TPR	83	1.1	N/A	47	0.6	N/A
++++NRR/UR	438	5.6	N/A	89	1.1	N/A
	4172	53.0	112.29	3694	47.0	99.43

* Asian Pacific/Islander/Hawaiian
 ** American Indian/Alaskan Native
 *** Multiple Race/Other Race

+ Men having Sex with Men
 ++ Injection Drug Use
 +++ Other/Hemophilia/Transfusion and Blood Products/Transplant Recipient
 ++++ No Reported Risk/Unknown Risk

Maricopa and Pinal Counties

REGIONAL INCIDENCE 1995-1999:

	Emergent HIV			Emergent HIV&AIDS					
	Cases	% Region Total	Rate Per 100,000	Cases	% Region Total	Rate Per 100,000	Cases	% Region Total	Rate Per 100,000
By Gender									
Male	1219	49.6	16.47	905	36.8	12.23	2124	86.4	28.69
Female	215	8.7	2.90	119	4.8	1.61	334	13.6	4.51
	1434	58.3	9.68	1024	41.7	6.91	2458	100.0	16.59
By Age									
Under 2	6	0.2	1.27	3	0.1	0.64	9	0.4	1.91
2-12	7	0.3	0.29	2	0.1	0.08	9	0.4	0.37
13-19	20	0.8	1.41	2	0.1	0.14	22	0.9	1.55
20-24	136	5.5	13.03	38	1.5	3.64	174	7.1	16.67
25-29	284	11.6	23.31	119	4.8	9.77	403	16.4	33.08
30-34	351	14.3	28.05	224	9.1	17.90	575	23.4	45.95
35-39	281	11.4	22.75	236	9.6	19.10	517	21.0	41.85
40-44	183	7.4	16.84	158	6.4	14.54	341	13.9	31.38
45-49	78	3.2	8.40	109	4.4	11.74	187	7.6	20.15
50-54	52	2.1	6.85	73	3.0	9.62	125	5.1	16.47
55-59	18	0.7	2.98	33	1.3	5.46	51	2.1	8.43
60-64	10	0.4	1.92	15	0.6	2.88	25	1.0	4.80
65 and Above	8	0.3	0.43	12	0.5	0.65	20	0.8	1.08
Age Unknown	0	0.0	N/A	0	0.0	N/A	0	0.0	N/A
	1434	58.3	9.68	1024	41.7	6.91	2458	100.0	16.59
By Race									
White Non-Hispanic	882	35.9	8.55	603	24.5	5.85	1485	60.4	14.40
Black Non-Hispanic	154	6.3	28.26	96	3.9	17.62	250	10.2	45.88
Hispanic	317	12.9	9.48	270	11.0	8.07	587	23.9	17.55
*A/PI/H Non-Hispanic	6	0.2	1.87	7	0.3	2.19	13	0.5	4.06
**AI/AN Non-Hispanic	64	2.6	22.05	44	1.8	15.16	108	4.4	37.21
***MR/O Non-Hispanic	11	0.4	N/A	4	0.2	N/A	15	0.6	N/A
	1434	58.3	9.68	1024	41.7	6.91	2458	100.0	16.59
By Risk Factor									
+MSM	775	31.5	N/A	626	25.5	N/A	1401	57.0	N/A
++IDU	212	8.6	N/A	135	5.5	N/A	347	14.1	N/A
	141	5.7	N/A	65	2.6	N/A	206	8.4	N/A
Heterosexual	159	6.5	N/A	100	4.1	N/A	259	10.5	N/A
+++O/H/TF/TPR	23	0.9	N/A	21	0.9	N/A	44	1.8	N/A
++++NRR/UR	124	5.0	N/A	77	3.1	N/A	201	8.2	N/A
	1434	58.3	9.68	1024	41.7	6.91	2458	100.0	16.59

* Asian Pacific/Islander/Hawaiian
 ** American Indian/Alaskan Native
 *** Multiple Race/Other Race

+ Men having Sex with Men
 ++ Injection Drug Use
 +++ Other/Hemophilia/Transfusion and Blood Products/Transplant Recipient
 ++++ No Reported Risk/Unknown Risk

REGIONAL INCIDENCE 2000-2004:

* Asian Pacific/Islander/Hawaiian
 ** American Indian/Alaskan Native
 *** Multiple Race/Other Race

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Project Design

The objectives of this needs assessment study included the following:

- 1) To identify the extent and types of service needs among “In Care” Hispanic PLWH/A in Maricopa and Pinal Counties; and
- 2) To identify the service Gaps and Barriers to care as perceived by Hispanic PLWHA in Maricopa and Pinal counties.

2. Methodology

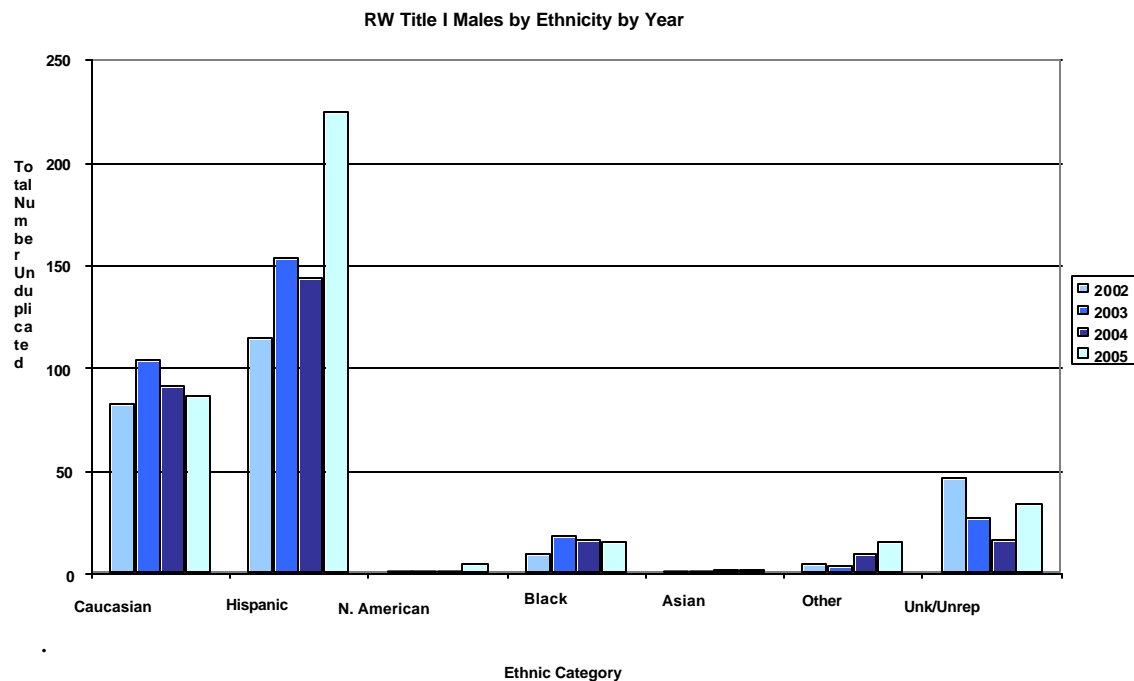
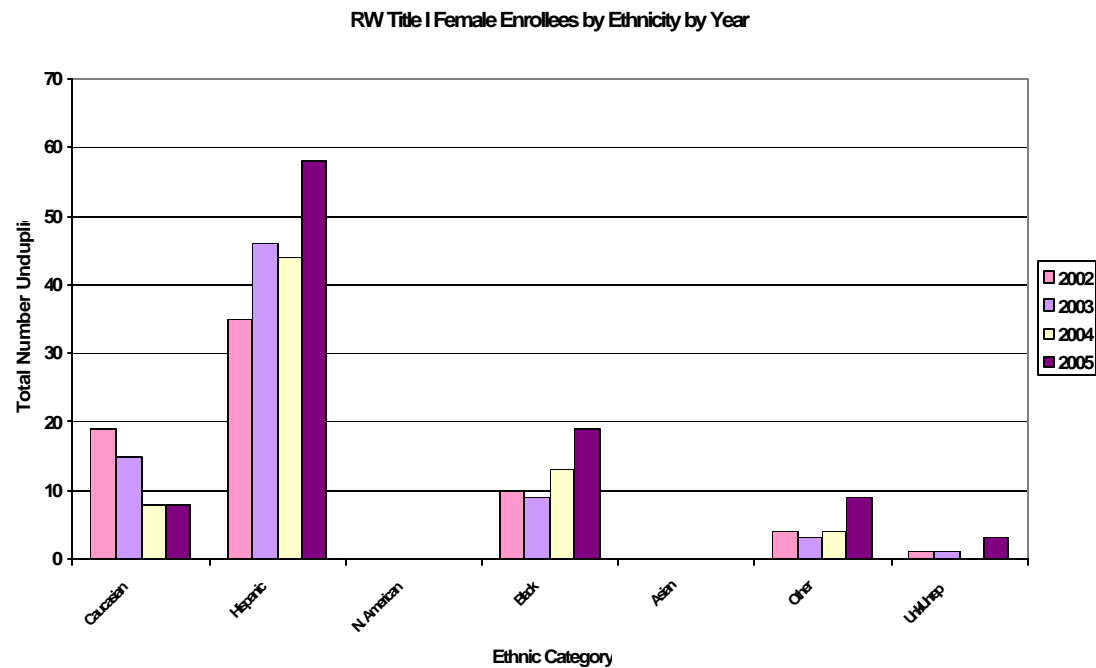
a. In Care Survey Sample

The sample for surveying the ‘In Care’ population was first determined by establishing a goal of 20% participation from the number of Hispanic PLWHA receiving Ryan White funded primary care services at the McDowell Clinic. Current McDowell Clinic data indicates that 283 Hispanic PLWHA received primary care services in the 2005 project year. Therefore, the 20% target for ‘In Care’ Survey Respondents was set at 57 persons. A target sample set by demographic and risk profile was used to establish an accurate means of matching survey participants to this dataset in order to reflect the total ‘In Care’ population. Included below is the Target Sample Set for the Hispanic needs assessment study. In actuality, almost 28% of the current ‘In Care’ population of Hispanic PLWHA receiving primary care services through McDowell Clinic participated in the survey process. On the following page are the two charts evidencing McDowell Clinic primary care enrollees by ethnicity by year. The level of Hispanic primary care program participation has steadily increased from 2002 to 2005.

Target Sample Set

Phoenix EMA 2006 Hispanic In Care Target Sample Set	2005 McDowell Data	Target	Actual	+
<i>Race/Ethnicity</i>				
Hispanic	283	57	78	21
Total	283	57	78	21
<i>Gender</i>				
Male	225	45	60	15
Female	58	12	16	4
Transgender	0	0	2	2
Total	283	57	78	21
<i>Exposure Category</i>				
MSM			36	
Injection Drug Use (IDU)			4	
Heterosexual			28	
Pediatric			1	
Not Classified			9	
Total			78	

Female Enrollees by Ethnicity by Year and Male Enrollees by Ethnicity by Year.



b. Survey Sites

The 'In Care' survey process was implemented under the direction of Collaborative Research. The survey sites for the survey process included the major Ryan White funded service provider

agencies, in order to access those persons currently receiving RW funded services and to *ensure a minimum of duplication* among survey participants. Survey Respondents received a \$20 HEB food card for participating in the survey process.

Chapter 2: Hispanic “In Care” Survey Findings²

The 2006 HIV/AIDS Needs Assessment provides a “snapshot” of the Hispanic PLWHA community service needs, usage, barriers, and gaps as expressed by consumers of HIV related services. The goal of the ‘In Care’ survey process was to achieve a 20% participation rate by the Hispanic ‘In Care/In System’ clients, hereafter referred to as ‘In Care’ population (N=57). The actual ‘In Care’ participation rate was 28% (N=78). This level of participation represents a baseline for future assessments of need among Hispanic PLWHA in the EMA.

Overview of “In Care” Survey Results

The ‘In Care’ client surveys were scheduled over a two-month period in the Summer of 2006, with 78 total surveys completed. The tables below indicate the gender and sexual orientation of the Hispanic ‘In Care’ survey population.

Demographic Profile of Hispanic “In Care” Survey Participants

Gender

Phoenix	Group	Sample Frame	Sample Frame
		#	%
GENDER	Male	62	79%
	Female	14	18%
	Transgender	2	3%
Total		78	100%

Sexual Orientation

Phoenix	Group	Sample Frame	Sample Frame
		#	%
Sexual	Gay	34	44%
Orientation	Bisexual	12	15%
	Straight	26	33%
	Other		
	Prefer not to Answer	6	8%
Total		78	100%

² In Care – defined by HRSA as receiving one or more of the following services 1) Viral Load test 2) CD4 Cell Count and/or 3) Antiretroviral drugs within the past 12 months

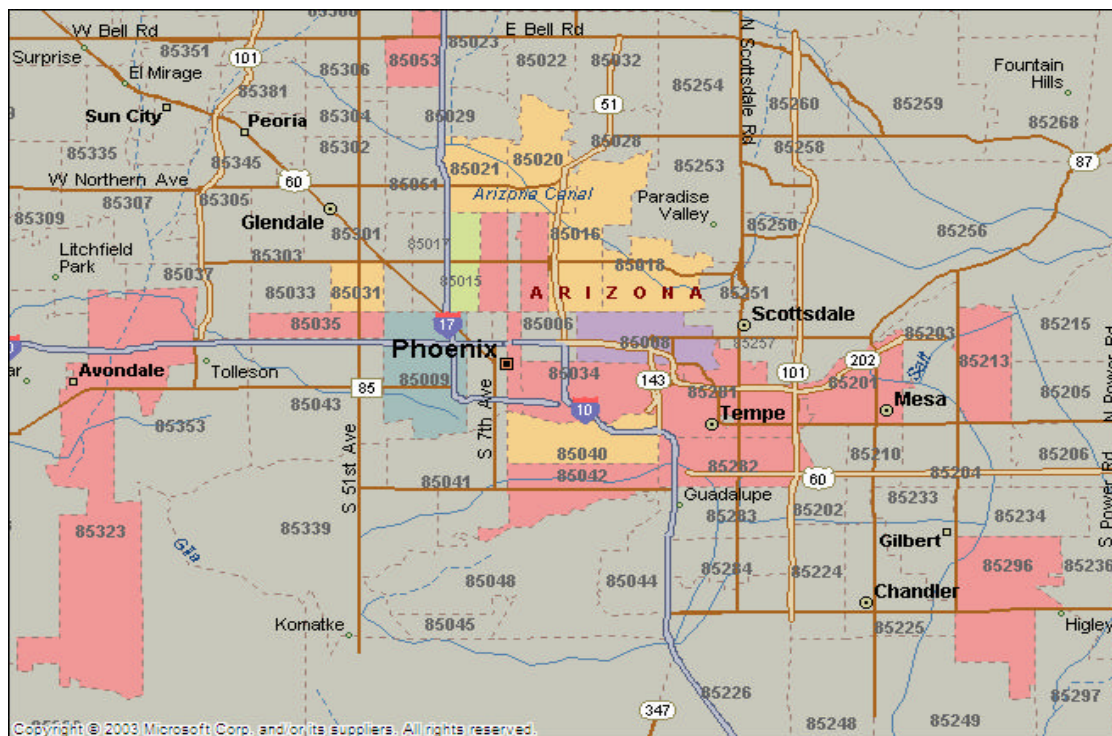
Age

Almost half of the Hispanic survey participants (46%) report ages in the 35-44 age range; with 21% reporting ages in the 25-34 age range; and 21% reporting ages in the 45-54 age range. Eight percent (8%) report their ages between 55 and 74 years of age and five percent (5%) report ages between 13 and 24 years.

Zip Code of Residence

Almost one-third of the Hispanic survey participants reported their current residence in the following three zip codes: 85008, 85009, and 85015. The remainder of the sample reported a wide variation in zip code of residence, evidenced in the map below.

Zip Code Map: Location of Residence for Hispanic “In Care” Participants



HIV/AIDS Status

The majority of Hispanic “In Care” survey respondents (77%) report a diagnosis of HIV and only 10% report a current AIDS diagnosis, (however 13% of the survey sample reported not knowing their HIV/AIDS status). Survey participants report ‘year of diagnosis’ dates ranging from 1985 to 2006, with a majority reporting their first HIV diagnosis from 1996 to 2006.

Current Reported HIV Status	#	%
HIV	60	77%
AIDS	8	10%
Don't Know	10	13%
Totals	78	100%

HIV Transmission Risk

Almost half of the Hispanic “In Care” respondents (46%) report acquiring HIV as a result of MSM risk behavior; 36% as a result of heterosexual behavior; and 5% of all respondents cite injection drug use as the mode of HIV infection.

Medium of HIV infection	Total	
	#	%
Male sex with male	36	46%
Heterosexual sex	28	36%
Injection Drug Use	4	5%
Mother with HIV/AIDS	2	3%
Unknown	6	8%
Other	2	3%
TOTAL	78	100%

Income Level

As evidenced below, a majority of the Hispanic “In Care” respondents report incomes in the \$0-9,999 and \$ 10-19,999 income ranges, with a substantial minority reporting zero income.

ZIP Code	0-9,999	10-19,999	20-29,999	30-39,999	40-49,999	Over 50,000	Blank	Total
85004			2					2
85008	2	2			2		4	10
85009	2	4	2					8
85013			2					2
85014			2					2
85015	6							6
85016	2			2				4
85018	4							4
85020		2					2	4
85021	4							4
85031	2	2						4
85034		2						2
85035	2							2
85040	2						2	4
85042		2						2
85053		2						2
85201						1		2
85213							2	2
85281	2							2
85282		2						2
85296	2							2
85323						1		2
85440							4	4
Totals	30	18	8	2	2	2	14	78

Employment

Approximately half of the Hispanic “In Care” survey respondents (51%) report current employment, while 49% report current unemployment.

Employed		Unemployed	
#	%	#	%
40	51%	38	49%
78	100%		

Living Arrangements

Approximately one-quarter of the Hispanic respondents (23%) report owning their home; almost half (46%) report currently renting a home or apartment; and almost one-quarter (23%) of all Hispanic “In Care” survey participants report being ‘temporarily housed’, currently staying with friends or relatives. ***Only 26% of the total survey group reports currently receiving any form of rental assistance.***

Residence	#	%
Own your home	18	23%
Rent	36	46%
Live with a Friend/Relative	18	23%
Stay in a Shelter		
Other	6	8%
Total	78	100%

Ever Homeless

One-third of the total “In Care” survey participant group (33%) reports a current or previous period of homelessness, indicating a high degree of housing instability within this community. This finding would indicate substantial challenge in successfully facilitating entry into and retention in HIV primary care and services for the Hispanic population residing in the Phoenix EMA.

Ever Homeless Response	#	%
Never	52	67%
Currently	8	10%
In past 2 years, but not now	6	7.5%
Longer than past 2 years, but not now	10	13%
Prefer not to answer	2	2.5%
Total	78	100%

Education Level

The Hispanic “In Care” respondents report a fairly low level of education overall. ***Only 15% of the Hispanic “In Care” survey participant group reports graduating from high school, with 64% reporting only some high school or grade school education or less.***

Education	#	%
Grade school or less	32	41%
Some high school	18	23%
High school grad/GED	12	15%
Some College	8	10%
College degree	4	5%
Graduate level	2	3%
Other:	2	3%
TOTAL	78	100%

Incarceration in Past Year

Only two Hispanic survey participants report having been in jail or prison during the past year.

Yes	%	No	%
2	3%	76	97%
78	100%		

Current Primary Care Physician

Three physicians serve the majority of Hispanic PLWHA, including Drs. Post, Williams and Culp. Fourteen survey participants (18% of the survey sample) report “None” for current physician.

Doctor	#	%
Vanig	4	5%
Fisher	4	5%
Post	22	28%
Martin	4	5%
Culp	8	10%
Ryan	2	3%
Williams	10	13%
Brian	4	5%
Guilan	2	3%
Arey	2	3%
Clinic	2	3%
None	14	18%
Total	78	100%

Current Primary Care Clinic

Sixty-nine percent (69%) of the Hispanic “In Care” survey group reports their current receipt of primary care services at the McDowell Clinic. Again, 12 Hispanic PLWHA (or 15% of the survey sample group) reports their clinic name as “not applicable”. There is insufficient data to determine whether these PLWHA are temporarily ‘out of care’ or have not recently accessed primary care services.

Name of Clinic	#	%
Pueblo-Phoenix	0	0
Sun Life Family Health Center	0	0
Pueblo-Scottsdale	0	0
VA	0	0
McDowell	54	69%
Spectrum	4	5%
Other	8	10%
Not applicable	12	15%
Total	78	100%

A Use, Needs, Gaps and Barriers ranking was developed for all Hispanic ‘In Care’ respondents. The 2006 Hispanic HIV/AIDS Needs Assessment provides a “snapshot” of the Hispanic community service needs, barriers, and gaps as expressed by Latino consumers of HIV related services.

The rankings of the Needs Assessment were displayed for all ‘In Care’ respondents, with separation into Need, Use, Gap and Barrier. This can be further defined as:

Need	Number of ‘In Care’ client survey respondents who stated “I currently need this service.”
Use	Number of ‘In Care’ client survey respondents who indicated service use in the past year
Gap	Sum of ‘In Care’ client survey respondents who answered ‘Yes’ to Need and ‘No’ to availability of that service
Barrier	Number of ‘In Care’ client survey respondents who indicated that a service is ‘Hard to Get’

These rankings were displayed for ALL Hispanic ‘In Care’³ client survey respondents.

NEED

The ‘Top Ten’ HIV service needs reported by the Hispanic “In Care” survey participants, in rank order, include: 1) Medication, 2) Primary Medical Care, 3) Transportation, 4) Group Support, 5) Food, 6) Housing, 7) Financial Assistance, 8) Education, 9) Dental Care services and 10) Social Support and Case Management services (tied # 10 rankings).

³ In Care – defined by HRSA as receiving 1) Viral Load tests 2) CD4 Counts 3) Antiretroviral drugs within the past 12 months

The Top 10 Ranked NEEDS for ALL Hispanic “In Care” respondents were:

Service Category Description	Need Rank
Medicine	1
Primary Medical Care	2
Transportation	3
Group support	4
Food	5
Housing	6
Financial Assistance	7
Education	8
Dentist	9
Social Support	10
Case Managers	10

Service USES

As evidenced in the Need/Use table below, the services reported as most often ‘used’ are almost identical to those most ‘needed’, with few exceptions. (Reported service Uses also included Interpreters, Clinic services, Lab testing, and Mental Health counseling services, all of which could be construed as service Needs.)

The Top Ranked Service USES for ALL Hispanic “In Care” respondents were:

Service Category Description	Need Rank	Use Rank
Medicine	1	2
Primary Medical Care	2	1
Transportation	3	3
Group support	4	4
Food	5	7
Housing	6	8
Financial Assistance	7	7
Education	8	7
Dentist	9	5
Social Support	10	8
Case Managers	10	
Nutritionist	11	
Vitamins	11	7
Interpretation at clinic / translation of documents		8
Clinic		6
Lab tests		8
Mental Health Services		8

Service GAPS

The Hispanic “In Care” survey respondents ranked the following five services as “unavailable”:

- 1) Transportation***
- 2) Housing***
- 3) Food***
- 4) Financial Assistance***
- 5) Dental services (tied #4)***

Primary Medical Care Services, Clinic Services, Social Security/Insurance, Emergency Hospitalization, Family Support, Child Care and Nutrition services all received #5 Gap rankings, indicating some level of perceived unavailability of these services among a portion of the Hispanic “In Care” survey group.

The Top Ranked Service GAPS for ALL Hispanic “In Care” respondents were:

Service Category Description	Gap Rank
Primary Medical Care	5
Transportation	1
Food	3
Housing	2
Financial Assistance	4
Dentist	4
Nutritionist	5
Hospitalization	4
Clinic	5
Social Security / Insurance	5
Emergency Hospitalization	5
Family support	5
Child Care	5

GAP REASONS

The major reasons offered by Hispanic “In Care” survey respondents to explain the unavailability of the perceived service Gaps were primarily funding-related (“not enough funds”, “no Social Security”, “not covered by insurance”) and some services were described as “hard to locate” (in the case of transportation and housing). (See table on the following page)

Reasons Cited for Service GAPS for ALL Hispanic “In Care” respondents:

Service Category Description	Gap Rank	Gap Reasons
Primary Medical Care	5	Not enough funds
Transportation	1	Government; hard to locate; no funding
Food	3	No Social Security, not enough money
Housing	2	Government; hard to locate
Financial Assistance	4	No Social Security
Nutritionist	5	Not covered by insurance
Hospitalization	4	Lack of insurance
Clinic	5	Government does not give Social Security
Social Security / Insurance	5	Lack of Social Security
Emergency Hospitalization	5	Lack of Social Security
Family support	5	Insufficient funds
Child Care	5	No money for programs, do not have Social Security number

Service BARRIERS

The top ranking services perceived as “hardest to get” by Hispanic PLWHA include, in rank order: 1) Transportation, 2) Housing, 3) Food, 4) Dental Care services, 5) Financial Assistance and Group Support (both tied #5 barrier rankings), and 6) Medications. While Primary Medical Care is cited as unavailable for a portion of the Hispanic respondent group, it is not cited as “hard to get” by the entire survey sample.

The Top Ranked Service BARRIERS for ALL Hispanic “In Care” respondents were:

Service Category Description	Barrier Rank
Medicine	6
Transportation	1
Group support	5
Food	3
Housing	2
Financial Assistance	5
Dentist	4

Reasons for BARRIERS

As evidenced in the table on the following page, the Hispanic “In Care” survey respondents cited funding-related reasons to explain the difficulty in accessing most of the services ranked as service barriers. The stated reason that the “government will not give us Social Security benefits”

is cited as the primary access difficulty in receiving Hospitalization services, Dental Care services and Housing services. The lack of Translation services is cited as one access barrier to receiving Food services.

Reasons Cited for Service BARRIERS for ALL Hispanic “In Care” respondents:

Service Category Description	Barrier Rank	Barrier Reasons
Medicine	6	Not enough money
Transportation	1	Lack of insurance; no funding available
Group support	5	Not enough money
Food	3	Not enough money; translation
Housing	2	Because the government will not give us Social Security-no funding
Financial Assistance	5	No Social Security
Dentist	4	Because the government will not give us Social Security; Income eligibility

Chapter 3: Recommendations for Comprehensive Strategic Plan

1) Address Service GAPS inclusive of:

- Transportation
- Food
- Housing
- Financial Assistance
- Dental Care Services

2) Address Service BARRIERS including:

- Transportation
- Housing
- Food
- Dental Care Services
- Financial Assistance
- Group Support

3) Implement/expand peer-based Hispanic outreach and testing in order to reach Hispanic men who have sex with men and identify as heterosexual with culturally competent risk reduction prevention messages and offers of HIV counseling and testing.

4) Expand peer-based mentoring and support programs as one strategy to increase the relative number of Hispanic PLWHA who are regularly engaging in and retained in primary HIV medical care services.

- 5) Ensure culturally sensitive, relevant and competent HIV prevention and care services among Title I funded providers and agencies, and to the extent possible among non-Title I funded entities.
- 6) Consider convening Focus Groups and/or satisfaction surveys or other appropriate means to further explore the underlying reasons for the #5 ranked GAP in Primary Medical Care.
- 7) Ensure Case Management provider awareness of all Ryan White and other funding sources available in the EMA for securing the necessary ‘supportive’ service needs expressed by Hispanic PLWHA/